

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

389

FEB 25 1941

1003

Registrar's No.

389

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3815 Magnolia Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME SAMUEL MCKNIGHT GREEN.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma L. Green. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 11, 1867.
(Month) (Day) (Year)

8. AGE: Years 73. Months 5. Days 2. If less than one day
_____ hr. _____ min.

9. Birthplace Pocahontas, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Sup't of Missouri

11. Industry or business School for the Blind.

MOTHER FATHER { 12. Name Samuel McK. Green.
13. Birthplace Unknown.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Johnson.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma L. Green.
(b) Address 3815 Magnolia Ave.

17. (a) Cremation. (b) Date thereof 1/15/1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) JAN 14 1941 (b) J. H. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis. 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 3815 Magnolia Avenue. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour 9:50 minute 0. M.

21. I hereby certify that I attended the deceased from 1918
to 1941, 19____;
that I last saw him alive on Jan 13 -, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Barcinoma (Colon)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Carl Phillips (M.D. or D.O.)

Address 1454 S. Grand Date signed 1/14/41

1454 So. Grand
GLR-6070
1-3. P.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.